



DEPARTMENT OF THE NAVY

BOARD FOR CORRECTION OF NAVAL RECORDS

2 NAVY ANNEX

WASHINGTON DC 20370-5100

JRE

Docket No: 2574-98

20 March 2000

[REDACTED]

Dear [REDACTED]

This is in reference to the application for correction of your late husband's naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered the application on 16 March 2000. The allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your husband's naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by designees of the Specialty Advisor for Psychiatry dated 20 January 2000, a copy of which is attached.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the comments contained in the advisory opinion. Accordingly, the application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official

records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

Enclosure

National Naval Medical Center
Behavior Healthcare Clinic
Bethesda, Maryland 20889-5600

20 Jan 2000

From: LT Ruchira Densert, MC, USN
To: CAPT William Nash, MC, USN, Specialty Advisor for Psychiatry, Chief
BUMED, Naval Hospital, San Diego, CA 92134-5000

Via: Chairman, Department of Psychiatry, NNMC

Subj: APPLICATION FOR CORRECTION OF NAVAL RECORDS IN THE CASE
OF FORMER [REDACTED]

Ref: (a) 10 U.S.C. 1171
(b) Board for Corrections of Naval Records letter of 13 December 1999 to
Specialty Advisor for Psychiatry

Encl: (1) BCNR File
(2) Service Record
(3) VA File

1. Per your request for review of the subject's petition for a correction of his Navy records and in response to reference (b), I have thoroughly reviewed enclosures (1) through (3).
2. Review of available Navy medical records revealed:
 - a. SF 88/93, Report of Medical Examination (Enlistment Physical Examination) dated 25 February 1975, recorded no to "Have you ever had or have you now depression or excessive worry. Psychiatric Examination was recorded as normal and there was no major psychiatric or personality disorder noted.
 - b. SF 513, Consultation Clinical Sheet, dated 9 September 1977, recorded that the Primary Care Clinic referred HM3 Lewis to Behavior Health for psychiatric evaluation desired by the patient. He was evaluated on 14 September 1977 by Dr Berg, Psychologist, who diagnosed HM3 Lewis with Adjustment problems of Adult Life (marital problems), in Mild Depression and counseled about alternative ways of dealing with depression. No further treatment was recommended.
 - c. SF 88/93, Report of Medical Examination (Separation Physical Examination) dated 30 April 1979, recorded NO to "Have you ever had or have you now any

FEB 3 2000

Subject: APPLICATION FOR CORRECTION OF NAVAL RECORDS FOR [REDACTED]

depression or excessive worry". Psychiatric Examination was recorded as normal and there was no major psychiatric or personality disorder noted.

d. SF 88/93, Report of Medical Examination (Reenlistment Physical Examination) dated 21 April 1980, recorded NO to "Have you ever had or have

you now depression or excessive worry. Psychiatric Examination was recorded as normal and there was no major psychiatric or personality disorder noted.

e. SF 513, Consultation Clinical Sheet, dated June 1981, recorded that the patient was referred from USS Goldborough to NRMC, Pearl Harbor, for 2 weeks duration of mood swings from depression to hyper anxiety in less than 24 hours. He was evaluated by CDR A. J. Dy, MC, USN who recorded rule out Bipolar Affective Illness or Thyroid Condition. The patient was given a trial of Lithium 300mg TID for 5 days and return in one week.

f. SF 513, Consultation Clinical Sheet, dated 19 August 1981, recorded that the patient was referred from NRMC-Pearl Harbor to Tripler Army Medical Center-ER for treatment of heavy cocaine use of 2-3 weeks of duration. He was then referred to Mental Health clinic.

Another SF 513, Consultation Clinical Sheet, dated 19 August 1981, recorded that the patient was referred from CAAC to Tripler Hospital for evaluation and treatment of I.V. cocaine use, suicidal ideations and no sleep for past 2 days. The patient reported that he has been experimenting severe depression and as a result has been consuming large amounts of cocaine.

SF 600, Chronological Record of Medical Care, dated 19 August 1981, by LCDR V. B. Rosales, MC, USN, stated that the patient was seen per his request to discuss heavy drug use of 3 weeks duration.

SF 509, Discharge Note from Tripler Army Medical Center Inpatient detoxification service, recorded that the patient was admitted from 19 August- 27 August 1981 for the diagnosis of Adjustment Disorder with mixed emotional features (309.25) and Cocaine Abuse, in remission (305.63). He was discharged to duty with follow-up with CAAC.

g. SF 513, Consultation Clinical Sheet, dated 02 September 1981, recorded that the patient was having urges to use cocaine and was referred to CAAC for rehabilitation.

h. A memorandum dated 1 October 1981, from [REDACTED], USNR, Director of CAAC to Administrative Officer, NRMC requesting mental health evaluation due to the patient's continued complaint of depression and lack of follow-up with

Subject: APPLICATION FOR CORRECTION OF NAVAL RECORDS FOR [REDACTED]

MHC for his trial of Lithium treatment. He missed a CAAC group and became inebriated instead.

- i. SF 513, Consultation Clinical Sheet, dated 30 September 1981, recorded that CAAC referred the patient to Mental Health Clinic, NRMHC, Pearl Harbor, for complaint of severe depression of 2 months duration, mood swings, occasional suicidal thoughts and "bizarre thoughts". The patient was seen by D. L. Spaulding, LT, MSC, USNR, Clinical Psychologist on 16 October 1981 and given a diagnosis of Cocaine Abuse, in remission (305.63) and Cyclothymic Disorder (301.13) with recommendation to process an administrative separation from the Naval Service.
 - j. NAVMED 6100/1, Medical Board Report sheet, by W. L. Williams, CAPT, MC, USN; L.B. Paden, LCDR, MC, USN and D. L. Spaulding, LT, MSC, USNR, dated 19 November 1981 reported that the patient has Cyclothymic Personality Disorder, 301.13, EPTE/NOT AGG and Cocaine abuse, in remission, 305.63, DNEPTE. The Board recommended that the patient be discharged by reason of unsuitability for service.
 - k. SF 88/93, Report of Medical Examination (Separation Physical Examination) dated 20 November 1981, recorded YES to "Have you ever had or have you now depression or excessive worry. Psychiatric Examination was recorded as abnormal for Cyclothymic Personality Disorder, ICDA- 301.13). The patient submitted a statement of rebuttal on 31 October 1981. The Medical Board maintained its recommendation for discharge from the Naval Service.
 - l. SF 88/93, Report of Medical Examination (Separation Physical Examination) dated 08 July 1982, recorded NO to "Have you ever had or have you now depression or excessive worry. The patient's statement was recorded as "I am in fair health at this time, on antidepressant medication." However, there was no documentation to support treatment with antidepressant medication. Psychiatric Examination was recorded as normal and there was no major psychiatric or personality disorder noted.
3. Review of the service record revealed:
- a. [REDACTED] entered active duty on 07 May 1975 to 04 May 1979 and served without disciplinary incident. He was awarded Good Conduct Medal.
 - b. [REDACTED] reentered active duty on 09 May 1980 to 09 July 1982 and was administratively separated with honorable discharge for unsuitability for personality disorder. He was awarded Navy Expeditionary Medal.

Subject: APPLICATION FOR CORRECTION OF NAVAL RECORDS FOR [REDACTED]
[REDACTED]

4. Review of the VA file revealed:

a. Department of Veterans Affairs, Honolulu Regional Office, granted service connection for Dysthymic Disorder with an evaluation of 50 percent 24 July 1997. Entitlement to pension was denied.

b. SF 507, Psychiatry Service Intake Form, dated 6 August 1997, recorded that Dr Roger Wong, Honolulu, Hawaii for evaluation for depression, referred the patient. Dr Batacan evaluated the patient. VA Form 10-1415, Problem List, dated 27 August 1997, active problem of Major Depression with approximate date of onset 1994. The records show that Mental Health Clinic treated the patient from 2 September 1997 until approximately February 1998.

5. Discussion:

a. [REDACTED] is requesting the following correction of his records: Change the reason for 7/9/82 discharge from unsuitability for service due to personality disorders to the correct diagnosis of service connected Dysthymic disorder which is compensated and not Cyclothymic disorder which is not compensated. The patient believes that he was misdiagnosed as having Cyclothymic personality disorder even though his medical records at that time indicate otherwise. He believes that he has been dealing and coping with an illness that is treatable and should have been treated while he was in the service.

b. [REDACTED] provides documentation, which does not support the diagnosis of service connected Dysthymic disorder. The documents support a pervasive pattern of marked impulsivity with I.V. Cocaine and alcohol use, recurrent suicidal ideations, and affective instability. His affective instability was especially prominent with his prolonged cocaine and alcohol use. This pervasive pattern of instability of affect, reckless disregard for safety of self and others, irresponsibility and marked impulsivity suggests Personality Disorder, NOS (Borderline and antisocial features). The documents also support Adjustment disorder with mixed disturbance of conduct and emotion during his time in service and Mood disorder secondary to Substance use (cocaine and alcohol). The patient failed several treatments afforded by the Navy for his Substance abuse. The personality disorders are generally unresponsive to treatment that is routinely available in the United States Military.

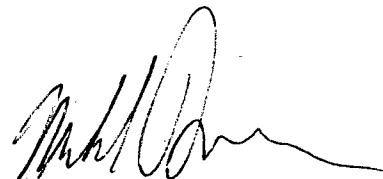
Subject: APPLICATION FOR CORRECTION OF NAVAL RECORDS FOR [REDACTED]
[REDACTED]

c. The VA records show a diagnosis and treatment of Major Depression first documented in 1994 after the patient was discharged from the service.

6. Opinion and Recommendations: There is no evidence in the information provided to support amending the reason for 09 July 1982 discharge from the service by reason of unsuitability for service.



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Psychiatry Resident



Michael Dinneen, MD
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